

	DECL	ARA	TIC	ON AND	Attorney Docket Number	21554					
				FORNEY R DESIGN	First Named Inventor	Donald, Robert G.K.					
PATENT APPLICATION					COMPLETE IF KNOWN						
					Application Number						
×	Declaration			Declaration	Filing Date						
	Submitted with Initial Filing	OR	1	Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit						
					Examiner Name						

		<u></u>						
As a below named inventor	, I hereby declare that	::						
My residence, mailing addre	ss, and citizenship are a	as stated below next to	my name.					
I believe I am the original, finames are listed below) of the	rst and sole inventor (if e subject matter which	f only one name is list is claimed and for wh	ed below) or a ich a patent is	n original, first and joint in sought on the invention er	iventor (if plural ititled:			
COCCIDIAN PARASITE CA	SEIN KINASE I AS A	CHEMOTHERAPEU	TIC TARGE	FOR ANTIPROTOZOA	L AGENTS			
the specification of which		(Title of the Inventio	n)					
bears the Attorney Doc	ket Number and Title o	f the Invention noted	above					
OR is attached hereto								
OR was filed on (MM/DD/	YYYY)	as United S	States Applicat	tion Number or PCT Intern	national			
Application Number	and v	vas amended on (MM.	DD/YYYY)	(i	f applicable).			
I hereby state that I have revi amended by any amendment			ve identified s	pecification, including the	claims, as			
I acknowledge the duty to disas defined in 37 CFR 1.56, in the filing date of the prior ap	ncluding for continuation	on-in-part applications	, material info	rmation which became ava	ailable between			
I hereby claim foreign priority certificate(s), or 365(a) of any America, listed below and hav or of any PCT international approach	y benefits under 35 U.S PCT international app we also identified below	.C. 119(a)-(d) or (f), or lication which designs by checking the box	or 365(b) of an ated at least or , any foreign a	y foreign application(s) for the country other than the Upplication for patent or in-	r patent or inventor's Inited States of ventor's certificate(s),			
Prior Foreign Application Number(s)	Country	Foreign F	iling Date D/YYYY)	Attorney Docket Numb	Priority Claimed?			
Number (s)	- Country	(MIVE D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Additional foreign applica	ation numbers are listed or	a supplemental priority	data sheet PTO	/SB/02B attached hereto.				
I hereby claim the benefit under	35 U.S.C. 119(e) of any l	Jnited States provisional	application(s) l	isted below.				
Application Num	ber(s)	Filing Dat (MM/DD/YY		Attorney Docket Number				
50/537,094	01	/16/2004		21554PV				



## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby clair designating the is not disclos 35 U.S.C. 11 37 CFR 1.56 date of this a	he United in the 2, I ack	ed States of te prior Unit mowledge th became ava	America, ed States e duty to	listec or PC discle	l below T interose info	and, ins national ormation	ofar a appli knov	as the sication	subjectin the ne to t	t matter o manner oe materia	of each of provided al to pater	the contraction the contractio	laims of e first p ty as de	f this ap aragrap efined in	h of n	
U.S. Parent Application or PCT Parent							Parent Filing Date					Parent Patent Number (if applicable)				
Application Number							(MM/DD/YYYY)						(8)	-ppcupit		
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		or PCT interna														
As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioners Associated with the Customer Number 000210  OR  Registered practitioner(s) named below																
·	Nan	ne			Regist					Nai	me				Registration Number	
				Number											X XA	
	-															
		<u> </u>														
Direct all cor	respond	dence to: X	Custon	ner N	umber	000	021	0								
Name	Laura N	M. Ginkel														
Address	Merck	& Co., Inc	Patent D	epart	ment											
Address	P.O. Bo	ox 2000, R	Y60-30													
City	Rahway							ate	te NJ ZIP			07065-0907				
Country	USA				Tele	phone	(732)	32)594-1932 <b>Fax</b> (73						2)594-4720		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																
Name of Sole or First Inventor:							A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])							Family Name or Surname									
Robert G.K. Donald  Inventor's Old College of the C								> -0.4								
Signature	Rout Of Donald							,		· []	Date	a	401	4,0	2004	
Residence: City	Sout	h Orange			State	NJ		Cou	ntry	USA	· · · · · · · · · · · · · · · · · · ·	Citiz	enship	us		
Mailing Address		Merck & C	o., Inc. P	О. В	ox 200	0										
City	Rahway							tate	NJ	ZIP	07065-0	907	Cou	ntry	U.S.A.	
X Additional	invento	rs are being n	amed on th	ie	supp	lemental .	Additi	onal In	ventor	s(s) sheet(s	s) PTO/SB	/02A a	attached	hereto.		



## **DECLARATION AND POWER OF ATTORNEY**

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Addition	A petition has been filed for this unsigned inventor													
Give	any])			Family Name or Surname								_		
Paul					L	Liberator								
Inventor's Signature SLIA				Date						12/15/04				
Residence: City	nce: Holmdel			State NJ			Country 07733			Citizenship US				
Mailing Address						•								
City		Rahway	State		e N	NJ ZI		O7065-0907		Country U.S		S.A.		
Name of Addition	nal J	oint Inventor, if any:		A petition has been filed for this unsigned inventor										
Give	n Na	me (first and middle [if	any])					Fa	mily Na	ame o	r Surnan	ne		
Xio <del>tian</del> XII	407	JAN ZIDECX	904-	12	Z	hong								
Inventor's Signature					>		_		Date	21DEC 200		904		
Residence: City	Edison			State NJ			Country USA			Citizenship			CN	
Mailing Address		Merck & Co., Inc. P.O. I	3ox 2000	ox 2000										
City Rahway		State N		NJ	ZIP 07065		07065	5-0907		Countr	y U	.S.A.		
Name of Addition	nal J	oint Inventor, if any:	A petition has been filed for this unsigned inventor											
Give	n Na	ame (first and middle [if	any]) Family Name or Surname											
Inventor's Signature					!	Date								
Residence: City			State			Country			Citizenship					
Mailing Address		-												
City			s			State ZIP		Cour		Countr	try			
Name of Addition	A petition has been filed for this unsigned inventor													
Give	any])		$\Box$	Family Nan					me or Surname					
Inventor's Signature				_					Date					
Residence: City			State			Country Citizenship								
Mailing Address														
City					Sta	ate		ZIP			Cou	ntry		